OCT 22 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34972

1. PLACE OF DEATH
County Maries — Registration District No. 1040 — File No.
Township Miller — Primary Registration District No. 5736 — Registered No. 7
City (No. , St. Ward)

2. FULL NAME Minnie Luella Davidson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack M. Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/1/1872

7. AGE: Years 63 — Months 11 — Days 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

FATHER
13. NAME Thomas Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Schooley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Jack M. Davidson Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeler DATE Sept. 16 1936

19. UNDERTAKER (ADDRESS) Fred H. Gilbert Dixon Mo.

20. FILED 9-15 1936 C W Winkelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to Sept 12, 1936
I last saw her alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	1932

81 [illegible]

Other contributory causes of importance:

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19X
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) Conley Gates M. D.
(Address) Brinktown, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2 20M-2-19-36 I X7294